

## CORRESPONDENCE.

## THE FUTURE OF DISTRICT NURSING.

SIR.—The rapid extension of district nursing throughout the length and breadth of this country must be a source of satisfaction to those who have at heart the health and welfare of our industrial population. The influence for good exerted in the homes of the sick poor by this movement is not easily exaggerated.

Nevertheless, serious objection may be taken to the form of organization adopted by most district nursing institutions, and it is much to be desired that a wiser basis of work could be substituted. The objection is founded on the fact that a large number of persons who are well able to pay for the skilled nursing they receive, are treated gratuitously and indiscriminately with a small proportion of such as are too poor to pay. In this way the movement sins against the best principles of charitable relief, and benefits, which ought to be gratuitous only for the really necessitous and indigent, are conferred on persons who ought not to be the recipients of charity. District nursing under such circumstances, like other charities unwisely administered, tends to weaken those principles of self-reliance and self-help amongst the working classes which it is eminently desirable to foster.

It is possible so to organize district nursing, both in urban and rural districts, that its benefits may be conferred gratuitously on the submerged and destitute poor, while at the same time the working classes pay their fair share in supporting the institution. In other words such arrangements can be made that the families of artisans and labourers are enabled, in return for a small regular payment, to provide themselves with efficient nurses as a matter of right, instead of being dependent on eleemosynary aid, whilst a charitable side concurrently provides for cases of destitution. The basis is similar to that adopted by provident dispensaries, which supply medical attendance and medicines on condition that a small payment is made regularly and in advance, and, as that payment is made in health as well as in sickness, it can be fixed at so low a rate as to fall within the means of all who are not entirely indigent. If a district nursing association is established on similar provident and self-supporting principles, quite a trifling payment per annum will be found sufficient, since the attendance of a skilled nurse, although so valuable in case of severe illness, is less frequently required than is the doctor. The effect is that, as in the case of the provident dispensary, a large proportion of members will not need the services of the institution during any one year, and will help to pay for their less fortunate neighbours. In towns an annual premium of *rs. 6d.* per head (*1s. 6d.* per month) will generally be sufficient; while in rural districts, where the population is scattered, and a nurse is unable to cope with the needs of so large a population, a slightly higher amount will be required, local circumstances requiring local adaptations.

Probably the ideal arrangement will be found in an amalgamated provident dispensary and nursing association, the combination allowing of greater economy in management as well as of close co-operation between the medical and nursing departments.

There are various advantages in establishing district nursing on such a provident, instead of on a charitable, basis:

1. The institution teaches the working classes to rely on themselves instead of on the gratuitous help of benevolent persons, and to make provision, on terms within their reach, for nursing attendance, as they already do for medical attendance, in time of sickness.

2. The nursing institution, instead of being dependent on voluntary subscriptions and donations which are often difficult to obtain, will be maintained on a self-supporting, and therefore healthy, basis.

3. The services of the nurse will be more appreciated than if rendered gratuitously. There is much truth in the saying, "Persons value most what they pay for," and many of our self-respecting wage-earners, as well as others, prefer to pay for services received instead of feeling indebted to charity.

Although this proposed institution should in the main be a provident one, there is no difficulty in combining with it a charitable side for the purpose of supplying nurses in cases of extreme poverty, and any subscriptions or donations to the institution may be allocated for this purpose. Moreover, where actual destitution exists, the guardians of the poor have power to apply the rates for the nursing of outdoor paupers, as is already done in many unions. Where the guardians employ the nurses attached to the institution, they

should contribute to the latter their fair share of the expenses incurred.

Should persons who have not enrolled themselves as provident members of the institution desire the services of the nurses in the time of illness, those services should only be granted on payment of an entrance fee or fine, which should be considerably higher than the premium paid on the insurance principle—high enough, indeed, to encourage the person to become a provident member in the future on the mere ground of economy.

The only real difficulty that can arise is to obtain a sufficient number of members to make the institution self-supporting at the outset, and it may be necessary to raise a guarantee fund for the purpose of supplementing the income until a sufficient number of subscribing members has been obtained, and on the understanding that such a fund is regarded as a provisional arrangement, and will not be required when once the institution is fairly afloat. Such a fund should appeal to those thoughtful persons who distrust the numerous charitable agencies that offer a premium to improvidence, but who gladly support organizations for the promotion of thrift and self-help.

Full details of the working of a such a model district nursing association, together with a list of institutions that have adopted this basis of organization, have been published elsewhere,<sup>1</sup> and need not be repeated here. Established with the object of freeing this beneficent movement from the abuses commonly associated with it, these provident institutions claim to be promoting the truest and best interests of the poor, by helping them to help themselves.—I am, etc.,

Reading.

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THE DIAGNOSIS AND TREATMENT OF VARIOUS  
FORMS OF SEPTIC SYNOVITIS.

SIR.—Mr. F. C. Wallis in his interesting paper in the *BRITISH MEDICAL JOURNAL* for January 3rd, page 9, expresses, I believe, an opinion which is held by many that we are apt to be somewhat backward in dealing surgically with some more or less obscure forms of arthritis. Such forms of arthritis are differently named by different writers, but the surgeon as a rule terms them septic, using that word, I should suppose, in a general sense rather than in the narrower sense of an infection with the so-called ordinary pyogenic micrococci.

There is one point which appears to me very important to the surgeon, and which, with Dr. Paine, I have examined into carefully; it is the method of access of the micro-organisms, whatever they may be, into the cavity of the joint. Writers sometimes lead one to suppose that, given an inflamed joint with exudation, the micrococci will be found in that exudation, and even lead one to think that their presence in the exudation acts, as it were, as the excitant of the arthritic changes. If that were the case then removal of the exudation could only work for good. But it is our experience that the micro-organisms first reach the joint—except in cases of punctured wound—by the minute blood vessels which are so numerous immediately under the endothelium, especially in the synovial fringes. They escape then into the synovial tissues, and there takes place the first struggle for supremacy. Experimental arthritis enabled us to observe this fact, and it is, I believe, widely upheld by French authorities. In it probably lies the explanation of the negative results obtained on culture in rheumatic arthritis. When the inflammation is persistent the endothelium perishes in places—it is itself actively phagocytic—and the micro-organisms escape into the cavity of the joint, and may there be present in vast numbers, though there also the leucocytes and endothelial cells engulf them.

The problem, therefore, with which we are confronted seems to me to be this: that even though by operation some micro-organisms may be removed, and the ill-effects of tension removed; still, often enough, many more micro-organisms may be left behind in the synovial tissues to reassert themselves. I do not intend to infer that operative treatment may not be of great service. Mr. Wallis has in his paper shown its value, but I think the point alluded to must be remembered, for it speaks for caution. It is lamentable to do harm to such a structure as a large joint which has very great reparative power, and the possibility of haemorrhage into the joint with micro-organisms still in the synovial tissues is worth a thought.

I should also like to mention a condition well known but sometimes liable to be forgotten or mistaken, a condition met

<sup>1</sup> *District Nursing on a Provident Basis.* (The Scientific Press, Limited, 28.)